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RESEARCH

# Adopters' Perspectives of Conflict and Resolution When Caring and Advocating for Their Children

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## Abstract

Adopters play a vital role in caring for the most vulnerable children in our society, yet many face a continuous battle to gain access to appropriate support for their children. Furthermore, adopters frequently experience conflict in the family home in the form of child-to-parent aggression. However, little is known about other forms of conflict faced by adopters. Based on focus groups with 47 UK-based adopters, this qualitative study explores the range of adopters' experiences of conflict when caring and advocating for their children, the impact of conflict on adopters' mental health and wellbeing, and solutions for conflict resolution proposed by adopters, paying particular attention to the role of empathy and compassion. The study finds adopters face multiple sources of conflict, primarily in the family home, with adoption professionals, and with education providers, all of which impact negatively on adopters' mental health. Based on study findings, a conflict management model is developed comprising a three-step process to resolve conflict, encompassing Awareness, Understanding, and Prosocial Behaviors. Findings may be used to inform future service provision to alleviate conflict experienced by adopters and mitigating its negative effect on both adopters and the wider family dynamic, so that adopters and families may remain functioning.

## Highlights

- Adopters face multiple sources of conflict: in the family home, with adoption professionals, and with education providers.
- Additional support is required to mitigate the impact of conflict on adopters' mental health.
- A conflict management model is proposed following a three-step process - Awareness, Understanding, and Prosocial Behaviors.

**Keywords** Adoption · Adopters · Conflict · Empathy · Compassion

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Adopters play a central role in caring for some of the most vulnerable children in society. Many care-experienced children have experienced early-life trauma and present with higher incidences of special educational needs and disabilities (SEND) (McSherry & McAnee, 2022). Accordingly, parenting children affected by early-life trauma and complex needs is widely recognized as a demanding and multifaceted task, requiring sustained emotional, relational, and practical resources (Platt et al., 2025; Selwyn et al., 2014; Skandrani et al., 2019).

Adoption UK (Adoption UK, 2026) estimates there are at least 55,000 adoptive families in the UK, with 3,040 children adopted in England during 2025 (Department for Education, 2025). In the UK, adoption differs fundamentally from foster care; it constitutes a permanent legal transfer of parental responsibility, whereas fostering is typically a

temporary, state-supervised, and professionally supported arrangement (Adoption and Children Act, 2002; Selwyn et al., 2014). While foster carers often receive ongoing supervision, training, and financial support, adopters assume full parental and legal responsibility and, despite the complex needs of the children in their care, adopters receive comparatively less consistent post-adoption support (Selwyn et al., 2014). These structural differences are important as they shape the types of challenges, expectations, and conflicts that adopters experience, which are not fully captured by research focused on foster care contexts.

Recent research has begun to highlight the interpersonal conflict experienced by adopters within the adoptive family home, including child-to-parent aggression, sibling conflict, and conflict between adoptive parents due to the strain and exhaustion (Agius et al., 2023; Duncan et al., 2024; Roskam & Mikolajczak, 2023; Tremblay & Pagé, 2024). Beyond the family home, adopters report facing a "continuous battle" when attempting to access support for their children (Adoption, 2024), with adopters citing challenges including power imbalances with adoption professionals, shortcomings in post-adoption support, and limited trauma-informed understanding (Agius et al., 2023; Platt et al., 2025).

Similarly, foster parents experience conflict at an interpersonal and intergroup level, including disruptive child behaviour and a perceived lack of respect and empathy from social care professionals towards them, with many feeling unheard and not considered in decision making. Such conflict has been shown to place additional strain on foster carers and, for some, contributes to their decision to discontinue their fostering roles (Cooley et al., 2015; Geiger et al., 2013; Maclay et al., 2006; Ottaway & Selwyn, 2016; Wilson et al., 2000). However, while this body of work provides important insights, these findings are not wholly transferable to adoption contexts, where permanence, legal finality, and reduced professional oversight create distinct relational and structural conditions (Selwyn et al., 2014). Research into how adopters experience conflict as a result of broader structural and systemic interactions, including engagement with social care, education, and health services, is limited to date yet needed to identify the differences in interests, values, and perspectives between stakeholders that lead to disagreement, which often stem from power imbalances, resource competition, or differing perceptions (Gonzalez-Mulé & Cockburn, 2021; Jehn & Mannix, 2001; Rahim, 2011). Moreover, understanding adopters' perspectives of when and how conflict arises may also offer insight into how conflict might be resolved or avoided.

Conflict is a significant source of stress that negatively impacts mental health (Guruge et al., 2012). If unresolved, this stress can lead to burnout, a syndrome resulting from chronic stress that occurs on a continuum between stress and depression with higher levels of conflict associated with a greater propensity for burnout (Danauskė et al., 2023; Hakanen et al., 2008; Iacovides et al., 2003; Roskam et al., 2017). Parental burnout is a distinct form that occurs when parents lack the resources or coping strategies they need to manage accumulated and repeated parenting-related stressors (Mikolajczak et al., 2019; Séjourné et al., 2018). Parents of children with additional needs, including adoptive and foster parents, experience higher levels of parental burnout, particularly when they lack adequate social and professional support (Bridger et al., 2020; Lin et al., 2022; Roskam & Mikolajczak, 2023). Parental burnout has consequences for the entire family, manifesting through intense exhaustion with the parenting role, emotional distancing from children, and a sense of ineffectiveness as a parent, with negative consequences for both parents' and children's mental health (Mikolajczak et al., 2018, 2019; Roskam et al., 2017; Yang et al., 2021). It is therefore vital that conflict is resolved so that adopters and their families remain functioning.

Empathy and compassion have been positively linked to problem solving and successful conflict management (De Wied et al., 2007; Klimecki, 2019). Empathy refers to the ability to perceive and understand the emotions of others, often defined as a cognitive-affective response that acknowledges and shares another's suffering through emotional resonance (Strauss et al., 2016). Compassion extends empathy by not only recognizing suffering in others and feeling empathy but triggering an emotional response and having motivation to take action (Goetz et al., 2010; Pang et al., 2022; Strauss et al., 2016). Empathy and compassion can be cultivated through social interactions, education, and exposure to diverse perspectives, fostering prosocial behaviors such as helping, sharing, and cooperation, and therefore serve as powerful tools in conflict resolution (Bruneau & Saxe, 2012; Kinman & Grant, 2020; Klimecki, 2019; Klimecki & Singer, 2013).

From a theoretical perspective, empathy and compassion reduce conflict by increasing perspective-taking and diminishing threat perception, thereby interrupting cycles of defensiveness and escalation (Bruneau & Saxe, 2012). This aligns with contemporary models of conflict resolution that emphasize emotional regulation, trust-building, and cooperative engagement as key mechanisms underpinning relational repair (Halperin, 2014). In caregiving systems, where interactions between professionals and carers are often characterized by power asymmetries and heightened emotional stakes (Heino et al., 2025; Ingram, 2013), these mechanisms are particularly significant in facilitating trust building, positive interactions, and collaborative engagement (Terrefe, 2024). Indeed, in the fostering context, foster carers cite an empathetic approach and active listening as essential for resolving conflict and improving relationships with social

workers (Ottaway & Selwyn, 2016). However, within adoption research, empathy and compassion have largely been conceptualized as attributes or practices enacted by adopters towards their children (Gorla et al., 2023); as resources that may become strained under pressure, such as compassion fatigue (Agius et al., 2023); or as mechanisms cultivated through therapeutic interventions for care-experienced young people (Lau-Zhu & Vella, 2023). Limited attention has been paid to how adopters themselves are positioned as recipients of empathy and compassion during professional and institutional interactions, particularly within systems intended to support them and their children, representing a notable gap in the literature. By examining problem solving and successful conflict management mechanisms, including those that have led to improved service user outcomes in social work practice, we may also learn of the significant influence and impact of empathy and compassion on parental and child mental health and family function (De Wied et al., 2007; Gerdes & Segal, 2011).

This paper examines adopters' experiences of conflict while caring and advocating for their children, particularly during interactions beyond the adoptive family home, and identifies sources of conflict adopters face within the UK adoption system. We further examine the impact of conflict on adopters' mental health and explore adopters' views on how adoption-related conflict may be addressed and managed, with particular attention to the role of empathy and compassion in professional interactions. In so doing, this study shifts the analytical focus from adopters as providers of care to adopters as recipients of (or excluded from) empathy and compassion, and advances understanding of how conflict presents across interpersonal, systemic, and structural domains within adoption contexts.

## Method

This qualitative investigation draws on data collected as part of a wider qualitative study examining adopters' experiences of mental health through their engagement with the UK adoption system. The study comprised 10 two-hour focus groups with a loosely structured topic guide that explored challenges faced by adoptive parents, particularly in relation to mental health and support needs. A qualitative methodology was chosen to gain a rich, in-depth understanding of adopters' experiences.

### Participants and Procedures

Ten focus groups were held via Microsoft Teams with 47 adopters, with one additional email participant who was unable to attend a focus group but who was keen to contribute. Numbers of participants per focus group ranged from three to eight, with the average comprising five participants. Participants were recruited through personal and professional networks, adoption agencies, and social media sites including LinkedIn and adoption-focused Facebook groups, where gatekeeper moderators were used. Participants were all aged 18+and spoke English fluently. All were adoptive parents with varying lengths of experience of the UK adoption system, ranging from those who had adopted within the previous 12 months, to those who had adopted 20+years ago. It is important to note the representativeness of the sample (i.e. adopters who wished to discuss their mental health and support needs during the adoption process) and how it may reflect those more willing to engage with research or those experiencing particular challenges. It is also important to consider the potential influence of social desirability bias, whereby participants may present their experiences in ways that align with socially acceptable or expected parenting behaviors. However, the depth and consistency of participants' accounts of conflict across all focus groups, alongside qualitative findings of adopters' experiences of conflict reported in existing literature (such as Agius et al., 2023; Tremblay & Pagé, 2024), suggest that our findings accurately reflect our participants' shared experiences.

Each focus group lasted approximately two hours with a break part-way through. All were held online to enable participants from across the UK to take part, with some focus groups taking place in the evenings for the convenience of those with childcare responsibilities. Focus groups took place over three months, between October 2023 and December 2023. The study was conducted following ethical approval from [*redacted for peer review*]. Informed consent was collected from all participants digitally prior to participating, and demographic data was collected through a short survey via the [*redacted for peer review*]. All focus groups were recorded via Microsoft Teams and professionally transcribed and pseudonymized.

### Measures

The focus group prompts were semi-structured in nature to allow participants to speak freely and for facilitators to explore topics that may not have initially been on the topic guide, which was developed primarily from literature searches, as well as lived experience of adopters reported via the Adoption UK Barometer (2023), and activist support groups such as PATCH (Passionate Adopter Targeting Change with HOPE [PATCH], 2023) and The Potato Group (2023). Prompts explored participants' experiences of the adoption journey; adopters' mental health during the adoption process and following child placement; challenges

**Table 1** Focus Group Topic Guide

| Adopters' mental health and support needs – focus group topic guide |
|---|
| • How would you describe your mental health over the course of your adoption journey? |
| • Would you describe yourselves as having experienced mental health challenges prior to starting the adoption process? |
| • Do you feel that your mental health and emotional wellbeing were considered during the adoption process and after a child was placed? |
| • Do you think the support needs for adoptive parents' mental health are different from other parents? |
| • Have you heard of any of the following terms: post adoption depression, burnout, secondary trauma, blocked care? |
| • Have you discussed your mental health with your family, friends, employers, social workers, health visitors? |
| • Have your support needs altered over time? |
| • In an ideal world, what support do you think would benefit you? |
| • What would you want for adoption agencies to understand about how adoption is for you? |
| • What advice would you give to others contemplating adoption? |

**Table 2** Thematic Map Defining the Themes and Sub-Themes Identified

| Themes | Sub-themes |
|---|---|
| Sources of conflict | Conflict in the family home<br>Conflict with adoption professionals<br>Conflict with schools and other non-adoption professionals |
| Impact of conflict on adopters' mental health | Prevalence of poor mental health<br>Conflict compounds poor mental health |
| What 'good' could look like (solutions for conflict management) | Greater trauma awareness required<br>Greater awareness of adopters' challenges and tailored solutions |

faced by adopters that impacted their mental health; and changes adopters would like to see to better address their support needs, as shown in the topic guide at Table 1 below. The prompts did not include any direct reference to conflict, empathy, or compassion. Focus groups were designed to encourage participants to share ideas, highlight common experiences to enhance the content validity of the results, and identify potential support needs.

### Data Analysis

Transcripts were analyzed inductively using a thematic analysis approach (Braun & Clarke, 2006, 2013) to search for repeated themes or patterns within and across the data. Analysis was an iterative process led by the lead author, with codes and emerging themes discussed with the research team at each stage of the process to test emerging analytical findings and enhance research validity. Initial coding identified several themes relating to adopters' mental health, the challenges they faced and what 'good service provision' would look like from their perspective, of which conflict was a dominant theme, which were collated into a table for discussion among the research team. Following team discussion, the theme of conflict was further explored to ensure fit with the overall dataset and through additional analysis and iteration, themes were identified relating to the adopters' varying experiences of conflict during their adoption journeys, how experiences of conflict had impacted their mental health, and their thoughts on conflict resolution mechanisms. Analysis was assisted by the use of NVivo 14 software.

### Researcher Positionality

Data collection was conducted by the project lead (corresponding author), who has lived experience relevant to the study topic and was therefore closely connected to the research context. While this positionality supported rapport building and an informed understanding of the subject matter, it also introduced the potential for bias, as personal experiences may influence data interpretation. To mitigate this, primary analysis was conducted by the manuscript's lead author, who was not involved in data collection.

The lead author has prior research experience in mental health and trauma-related domains, including work within the adoption field. Throughout the analysis, reflexive notes were maintained by the lead author and emerging interpretations were discussed regularly within the research team, who each brought diverse disciplinary perspectives. This process supported the development of themes that were grounded in the data and that were reflective of participants' perspectives rather than pre-existing assumptions.

## Results

Adopters spoke passionately about the conflict they experienced and with clarity on the solutions they felt would help manage existing conflict or prevent future conflict. Three interrelated themes were developed as encapsulating the key sources of conflict faced by adopters, the impact of this on adopters' mental health, and the solutions adopters propose for conflict management:

### Sources of Conflict

Across the focus groups, adopters used terms such as 'fight', 'battle', 'conflict', 'argument', and 'at loggerheads', to describe their experiences of negative interactions across a range of situations related to becoming or being an adoptive parent. Participants reported experiences of conflict from a number of different sources, primarily interpersonal conflict within the family home and intergroup conflict in the form of conflict with professionals within the adoption system

and with professional services beyond the adoption system. Overwhelmingly, adopters in the study reported experiences of adoption-related conflict as a critical contributory factor to poor mental health.

### Conflict in the Family Home

At an individual level, adopters reported sources of conflict within the family home post-adoption, predominantly in the form of child-parent conflict and conflict between partners. While the nature and frequency varied across participants, many consistently reported experiences of interpersonal conflict with their adopted children and specifically experiences of child-parent aggression. Some participants experienced aggression from very early on in their children's placements, whereas for others it developed over time. Across all focus groups, child-parent aggression was indiscriminate, experienced by both male and female adopters. Within some adoptive families, conflict manifested as verbal disputes, whereas for others it presented as child-to-parent violence, as described by Adopter 18's recollection, "I had just dropped the [children] off at school and I had been spat at and hit and kicked, and it was just an awful morning." Across participants, while some adopters reported aggression from adolescent children, such incidents most frequently came from younger children, typically of primary school or pre-school age, as Adopter 10 demonstrates below:

[Sibling 1] was probably about five or six… and [Sibling 2] was what, four or five. [Sibling 1] got quite violent. [Sibling 1] would attack me, would try and hurt me, would throw things at me. [Sibling 1] would get [Sibling 2] to engage with it. (Adopter 10).

These experiences varied from being infrequent events for some, to almost daily occurrences for others. Noting the frequency of their child-parent aggression experience, Adopter 8 described it as being comparable to a form of domestic abuse, "It feels like you're living with a domestic abuser. Sometimes it has felt like that", demonstrating the level and prolonged nature of such conflict in their home, which at times, as Adopter 33 explains, led adopters to question the viability of the adoption placement and potential adoption disruption, "We nearly disrupted our adoption at about five to six months in because I just couldn't cope with the level of aggression and violence that we were experiencing."

Conflict between adoptive parents within the family home was also frequently reported. Participants spoke of the complexity of caring for children who have encountered adverse childhood experiences (ACEs) and early-life trauma, which frequently left adopters feeling emotionally and physically exhausted by the challenges, leading, for some, to tension and strained interpersonal relations between parents:

The impact that it has kind of had on our marriage, at the moment my husband and I aren't living together. So, we're still together but not living together because it had such a huge impact on his mental health and he didn't really get the support that he needed. (Adopter 6).

For a minority, conflict in the home through child-parent aggression and subsequent tension between partners became overwhelming with significant consequences. Here, Adopter 29 explains the impact on their relationship, which in their experience led to the breakdown of their relationship:

In the end, the pressure got so much it cost me my marriage… I was absolutely on my knees and nobody was listening and it was only when my children resorted to extreme violence that I got any help. (Adopter 29).

### Conflict with Adoption Professionals

Collectively, there was consensus among adopters regarding their experiences of conflict with professional services, both from within the adoption community (including social workers, adoption agencies, local authorities, and family finders) and from beyond the adoption community (primarily with educators and medical professionals). For many, power imbalances led to conflict with professionals from the adoption system, which were evident from the early stages of the adoption process and continued following child placement. Participants recalled examples of fractious interactions with adoption professionals, as Adopter 41 explains:

Sometimes it would really frustrate me because my profile's very clear that I was a single adopter, and you'd get so far through and, 'Oh, we don't want a single adopter.' Well, why did you even start with me? And I found it really frustrating. And there were other things that were picked up from my profile, but I was like, 'But that's clearly all on my profile. Why have you taken it this far and then go, 'Well, this is a deal breaker?' It wasn't a hidden detail.' (Adopter 41).

As a result of power imbalances, adopters talked about their lack of autonomy, feeling their voices were not heard and their views not considered important when liaising with adoption professionals, particularly early in the process. Despite adopters and adoption professionals having the same overarching goal, i.e. to secure the best placement of a child/children with a family, adopters often felt their concerns were not taken seriously, information about the process or a child was not shared with them, and adopters' emotional needs were not always considered, as demonstrated by this participant's recollection of a discussion regarding a child's name:

We agreed all that before and nothing was a problem 'til we went to panel and then panel started harassing us… they were challenging me, telling me that I was acting passive aggressive because I was trying to put my view forward. (Adopter 4).

Several adopters described how they were subject to dehumanizing views by adoption professionals, particularly during the pre-adoption/matching stage of the process. Adopter 3 recounts a confrontation they had:

I remember having a sort of knock-down stand-up row with one old school family finder who was basically saying she didn't even understand why matching happened. Basically, if you wanted a child you should be given the next child that came along. And I just thought this is disastrous, out of date thinking that doesn't help families, doesn't help children. But actually, ultimately, we're humans in the middle of all this, you know. (Adopter 3).

Through such interactions, adopters felt they were seen as simply a resource or a solution to a problem, rather than a valued stakeholder in the adoption process. The power imbalance and perceived difference in values and perspectives between adopters and professionals frequently led to stress, anxiety, anger, and frustration among participants.

Conflict with adoption professionals continued following child placement and signing of the adoption order. By this point in the journey, through multiple interactions, which often spanned several years, power imbalances were immutable. Conflict at the post-placement stage emerged when adopters sought help or support for their children, or support for their own needs, but felt support was not readily available, as explained by Adopter 32, "I really struggled with anger and frustration, lack of communication, lack of support. I had no support from my social worker." Adopters felt they were relentlessly 'fighting the system' to access support:

The fight with the system to get support and the fight with multiple systems, you know. So, like you're fighting with schools, you're fighting with adoption support you know and that's what it really does feel like, a fight, a lot of the time and I think the scale of that is massive actually. (Adopter 34).

Such experiences reinforced power imbalances with many adopters reporting that their needs and those of their children were not prioritized, or even acknowledged, and that, as in the early stage, their voices were not heard.

There appeared to be a culture of silence around the challenges adopters faced, perpetuated through a lack of open communication between adopters and professionals, and a lack of support for both children and adopters. In some instances, adopters felt asking for help for themselves was seen as a weakness and cause for concern, as expressed by Adopter 48, "Social services are treating our cry for help as an investigation into our parenting and we're met with either criticism or silence." Adopter 32 expanded on the culture of silence, explaining that there was a perceived lack of recognition by adoption professionals of adopters' struggles, both in terms of caring for their children and their own wellbeing:

I was called into a meeting, which I thought was to finally get some support from this like child social worker and supposedly replacement social worker that I've been given, and they basically turn around and blame me for everything. (Adopter 32).

### Conflict with Teachers and Other Non-Adoption Professionals

Conflict with professionals from outside the adoption system occurred primarily with educators and medical professionals. Here, conflict typically arose during interactions while seeking or attempting to access support for their children. Adopter 39 describes their experience when seeking support for their child at school:

We've just fought for the whole time [child] was in primary school. We asked for support and for help. We wanted to get an Education, Health and Care Plan (EHCP) for [child] and I was told by the deputy head that if we used any of [child's] funding for anything for [them], it would come out of the pot that helps to support all the children, so they wouldn't do it. And I was like, 'You what? What's [child] getting?' And there was nothing. (Adopter 39).

Further, as above with adoption professionals, interactions with other professionals were subject to power imbalances and a misalignment in goals, with adopters reporting that their views were frequently not considered or taken seriously. Such conflict was often prolonged or recurring. Adopter 31 below recalls their experiences of prolonged conflict with medical professionals:

It shouldn't be a battle to get support for your children… As soon as they moved in, I was on the warpath then to go and get everything I needed to do to get the support, from EHCPs to medical diagnoses, which should have been done before, and then you're still battling five years later. (Adopter 31).

For some adopters, conflict with education professionals when advocating for their children even extended beyond a child's school years and into their post-18 education, further demonstrating the longevity of conflict across the child's time in education, as Adopter 46 explains, "I fought every year, every new teacher, you have to go in – even now, when [child] has just started to do a Higher Education course, you know, even now, I'm going in."

However, the most prominent conflict with non-adoption professionals was triggered by disagreements stemming

from an incomprehensive understanding of trauma and trauma-informed approaches, particularly among education providers. When trying to access help or tailored support for their children, adopters frequently encountered a lack of trauma awareness, with an incompatibility in perspectives between those of adopters and those of education providers, which this adopter's recalls:

I had a meeting with the Assistant SENCO (Special Educational Needs Coordinator) and the SENCO, and I said, 'Look, we need help,' because [child] was masking and coming home really, really angry. And the Assistant SENCO said to me, 'When did [child] come to you?' and I said, 'Oh, year two,' and she said, 'Oh, well, [child] is in year seven now. [child] must be over [their] trauma'. I just looked at her, and I said to her, 'I'm really sorry, but I have to leave,' because I didn't know if I was going to cry or shout. I just didn't know what I was going to do. (Adopter 39).

Further tension arose through an apparent discrepancy in education providers' understanding between the needs of children with neurodiversity and the needs of those with trauma. Adopter 23 explains that the lack of comprehensive trauma awareness was most keenly demonstrated through an asymmetric distribution of support:

One of my children's just been diagnosed with ASD (autism spectrum disorder) and the other one has just been diagnosed with ADHD (attention deficit hyperactivity disorder) and suddenly this whole world of understanding and support appears, whereas early life trauma or developmental trauma or attachment difficulties; there's no understanding there. (Adopter 23).

Adopter 23's account was echoed by others who reported that within schools there was competition for resources where children with SEND were more consistently supported than those with trauma and ACEs.

## Impact of Conflict on Adopters' Mental Health

Through analysis of discussion on the impact of conflict on adopters' mental health and wellbeing, the sub-themes of the prevalence of poor mental health among adopters and how conflict compounds existing poor mental health were developed.

### Prevalence of Poor Mental Health

Conflict consistently had a negative impact on adopters' mental health. Participants reported feeling frustration and dismay at the lack of understanding of the needs of their children, and in turn the challenges faced by adopters. Experiences of conflict, particularly when prolonged, progressed from anger and frustration, triggering emotional responses in adopters, including anxiety, stress, hopelessness, and exhaustion. All participants reported having experienced poor mental health at some point during their adoption journey, some were historic experiences and some current at the time of data collection. Adopter 39's account of their complex mental health issues was a familiar story across all focus groups, "I've been through compassion fatigue about three times, and I'm on antidepressants now, and I was having anxiety attacks. Yeah, not good."

### Conflict Compounds Poor Mental Health

Participants felt their poor mental health was exacerbated by conflict and further compounded through a perceived lack of professional support. At an interpersonal level, adopters felt unprepared to manage conflict in the family home, feeling there was an incompatibility between the pre-adoption training they received compared to the demands of parenting a child with trauma and adverse childhood experiences:

The training course that I got from my voluntary adoption agency, which is Ofsted outstanding, was an absolute load of bollocks, if I could just use that word, because all they did was shock tactics, all they did was hammer home fetal alcohol spectrum disorder and drug withdrawal… but we didn't get any real training. It was just then crap about names and you can't change the names of children… it's like you're just gaslighting me and giving me absolute drivel. This isn't fit for purpose training. (Adopter 30).

Adopters believed their training to be insufficient and ineffective, feeling that it did not adequately prepare them for the realities they faced once a child had been placed with them. Consequently, many felt they did not know how to best support their child and mitigate or resolve conflict when it arose, which led to adopters feeling frustrated, isolated, and let down by the system.

Furthermore, participants cited a lack of communication from adoption professionals regarding their children's needs prior to placement as not only leading to adopters feeling unprepared, but also feeling misled, undermining their trust in the relationship, and reinforcing tensions between adopters and professionals. Adopter 33 highlights this lack of communication, which was a familiar experience among participants:

No one told us the extent of [child's] violence, no one told us, and I specifically asked, 'How aggressive is [child]?' And they were like, 'Oh no, no, it's fine.' And so we felt very deceived and that contributed, I think, to my sense of hopelessness because I felt so angry that we've been tricked (Adopter 33).

Adopters believed there was a discrepancy between the post-adoption support they felt they should receive, and indeed that many had been told would be available to them, and the level of support provision when adopters did seek

help, whether for themselves or for their children. Adopter 1 talked of their frustration and dismay at the lack of empathy and understanding shown towards them and their children when they needed support, recalling:

I remember saying, when I was talking to the social worker, if this was a patient that I was nursing in a ward and they'd had the loss that my [children] have had in only this, the beginning of their life, I would not feel any hesitancy about saying we need to talk to someone about this, but it seemed to me that social services were imagining that we'd all get on with that without talking about our emotions. And I thought that just doesn't make sense. (Adopter 1).

This lack of recognition for the challenges families faced, and the feeling that their voices were not heard, further contributed to adopters' strained relations with adoption professionals, and subsequent further isolation, which Adopter 22 describes, "You realize that there is nobody you can turn to and all the time the problems are building, [they're] getting worse, we're getting lower."

The relentlessness of conflict participants experienced, whether within the family home, with adoption professionals, or with education providers, had a profoundly negative impact on adopters. Many adopters faced some form of conflict on a daily basis, often over extended periods of time, leading to emotional and physical exhaustion. The persistence of conflict, often from multiple sources simultaneously, had a compound effect on adopters' wider mental health and wellbeing, with many experiencing stress, fatigue, sleep deprivation, and describing feelings of hitting 'rock bottom', as Adopter 27 below recounts:

I hit rock bottom because I feel completely unsupported in every single aspect of my [child's] life, and myself and my husband are just left to get on with it, and even when we requested a post-adoption support worker, and even when I said to her, you know, every day is a conflict, we start the day with a conflict from the minute my [child] wakes up and it doesn't end until the minute [child] goes to sleep and then [child] doesn't sleep through the night and so your night is conflict and I said to her, I am just at breaking point. We're unsupported with the school, we're unsupported at home. (Adopter 27).

Participants reported feeling exasperation at the level of conflict arising through a lack of understanding for the needs of their children, and in turn the challenges faced by adopters. Conflict, particularly when prolonged, progressed in adopters from feelings of anger and frustration, to triggering further emotional responses including anxiety, stress, hopelessness, exhaustion, and burnout. For some participants, they were left feeling utterly despondent as a result:

I would tell prospective adopters that it is a fight. Every day is a fight in so many different ways. It's either an emotional fight, it's either a fight with the children themselves, it's a fight with agencies, it's a fight with the school. Like, I'm at the point now where I literally have no fight left at all and if someone had said to me in the beginning that you are literally going to fight for this child and for what they need for the rest of their life, I wouldn't have embarked on this journey. (Adopter 27).

## What 'Good' could Look Like – Solutions for Conflict Management

Two recurrent sub-themes in response to the support needs of adopters, or 'what good could look like', in order to overcome conflict and tension with professional services were: (i) the desire for greater trauma awareness, including the impact of trauma and adverse childhood experiences on children, and thus (ii) greater awareness of the challenges adopters face as a result of caring for children with trauma, so that tailored solutions may be developed, as this adopter sums up:

What I feel would help me, would help us as a couple, would help the people on panel today, I presume, and all the other adopters, is better understanding of these children, that are our children, but they are born of other people, and better understanding of their backgrounds and why they have the challenges they have, and by default why we then have the challenges we have. (Adopter 47).

### Greater Trauma Awareness Required

Adopters felt an enhanced awareness of their children's challenges, including the impact of trauma and enduring problems such as attachment disorder, developmental delay, or challenging behaviour, would provide greater understanding of adopters' own challenges in caring for their children, and the potential risks to adopters' mental health as a consequence. Adopters felt that greater understanding would lessen the strain between themselves and professionals:

I think the long-term nature of it… Every single adopted child has been through trauma. They have at least been through the trauma of being taken away from birth family, and most of them have been through horrible things as well. So, they're all going to be traumatized; that is going to affect them forever, and they're not going to grow out of their trauma just because they're in a nice family now. I just think it needs to be almost treated in a similar way to a brain injury, you know? You can recover, life can get better, we can find ways to work around it, but it's never going to go away, it's always going to be part of who they are and always going to affect them, and in fact, the whole family. So, I get a bit fed up of people going, 'Well, they've been with you long enough now, surely they're fixed?' (Adopter 37).

Adopters reported they regularly encountered a lack of understanding of primary trauma from professional services outside of the adoption system, primarily education providers, which often formed the basis of conflict between adopters and teaching staff:

I think schools, predominantly the ones that struggle coping with a lot of these and they're not trained at all, they need to learn more about trauma attachment… Our primary school, the special school one, is trauma attachment informed now, and that took a bit to get them to that level and it's working wonders for understanding kids, and not just adopted kids, but the primary school [has] no idea, mainstream primary's got no clue. (Adopter 31).

Conversely, within the adoption system, adopters reported conflict with adoption professionals related to a lack of awareness and/or recognition of secondary trauma and the impact of challenges adopters faced in caring for children with trauma, as Adopter 38's story demonstrates:

Imagine if we all had even an email from our social workers saying, 'Hey, just checking in, making sure that you're OK, how are you today?'…to get that, you know, 'How are you doing?' would be quite lovely, wouldn't it? And to not be too scared to say, like I did with my social worker, 'I'm really struggling. I don't even want [child] in the same room with me,' and she's like, 'Hm, parental responsibility.' That's going to stay in my brain forever. (Adopter 38).

### Greater Awareness of Adopters' Challenges and Tailored Solutions

Participants highlighted the critical importance of having adopters' voices heard and for their perspectives to be shared regarding the challenges they faced in order to move forward and resolve issues. Many adopters spoke of the silence that surrounds the strain of adoptive parenting and adopters' mental health, exacerbated by power imbalances in the adoption system, leaving many reluctant to speak openly about problems they faced. As Adopter 47 explains, having their perspectives communicated and their difficulties meaningfully acknowledged were considered crucial to resolving tensions with professionals:

I just feel like if adopters had understanding and awareness from other people, you know, the village that helps you raise your child, that would be therapy in itself… What you have to do with empathy is you have to try to stand in someone's shoes who's really struggling with something. And what you want is, you want them to say, 'I hear you, it's different. I hear you; your [child's] different.' They don't need to be an expert, they don't need to have adopted a child, they don't need to be an adoptee, but they need to really, truly, honestly acknowledge that it is generally – not for all of them but for most of them – they are different. (Adopter 47).

While this participant added that acknowledgement of the persistence of challenges is important too:

It's 24/7. It's all consuming. It's your life. It's not a half-an-hour meeting discussing this case. It's not a, you know, a week's report you have to write about. It's our life, every single day, every minute. They need to understand what that means for years and years and years and years and years. (Adopter 5).

Participants were hopeful such acknowledgement would foster greater understanding towards them. They believed that being acknowledged and understood would not only raise awareness of adopters' unique challenges, and thus help resolve conflict, but also pave the way for addressing adopters' needs and improving support. This included the need for more appropriate training provision to more effectively meet the needs of adopters and their families, so that they may be better prepared to manage or even mitigate interpersonal conflict in the family home. Adopter 30 describes what such training may look like to help address, at least in part, familial conflict:

Looking back, what we really needed was: What is developmental trauma? What is developmental delay? And then tell me cause and effect, you know?… I'll never fix my [child] but I can take the edges off [their] volatility and [their] trauma… I'm realizing that I'm not atypical, this is quite normal for adopters. Why isn't this part of the training journey? (Adopter 30).

However, reassuringly, a small number of participants spoke of the positive experiences and constructive interactions they had encountered on their adoption journeys and the positive impact this had on them and their mental health. Adopter 42 describes their experiences of feeling understood and receiving supportive action from social workers:

Our [child's] social worker uses all the fancy terminology in regards to the court and things, and that just goes in one ear out the other. I just don't understand it. And our social worker always makes a point of ringing our [child's] social worker, finding out, and then she just tells us in layman's terms, which just makes it so much easier to digest and understand what's actually going on. (Adopter 42).

While others had received understanding and constructive support from beyond the adoption community, with educators and healthcare professionals, as these adopters recall:

We did search for a few nurseries and the one we found, which was recommended by other people, they actually called me before [child] started, the manager called me and she said, 'I just want to have a conversation with you to go through everything, tell me what you don't want me to share with the staff, but what you want me to know' and she had actual practical questions, and I thought this was really nice, actually, because, you know, it just showed that she

was really interested and she wanted to find the best way. (Adopter 45)

I went to go and see a very understanding GP, who was wonderful and who I have actually written a thank-you card to. Complete stranger. I've never met this GP before in my life, but she was so compassionate and professional and not demeaning at all. (Adopter 37).

In such occurrences, participants spoke of their profound appreciation for such awareness and positive, supportive actions, from both within and beyond the adoption system, through which adopters reported feeling understood, acknowledged, listened to, and treated as a human being and an individual.

## Discussion

The aim of this paper was to explore the conflict experienced by UK adopters, the impact of such conflict on adopters' mental health, and adopters' proposed solutions for meeting their support needs and resolving conflict. Our study demonstrates that adopters experienced multiple sources of conflict during their adoption journey within the UK system, both at an interpersonal and an intergroup level, and highlights that conflict emerged early in adopters' journey. For the majority, conflict was a recurrent or continual experience spanning many years. For many, conflict was a daily occurrence.

Conflict with adoption professionals typically started in the matching stage of the journey and was evidently rooted in power imbalances and differences in perspectives between prospective adopters and adoption professionals, common sources of conflict proposed by Jehn and Mannix (2001), Gonzalez-Mulé and Cockburn (2021), and Rahim (2011). Adopters felt they lacked autonomy, with a lack of communication by professionals and the perception that adopters' needs were not considered. For many, this friction endured beyond the child placement and granting of adoption order. Although interactions with adoption professionals were less frequent post-placement, power imbalances endured and conflict often arose when adopters sought help or support either for their children or themselves.

Beyond the adoption community, conflict with teachers was most commonly and frequently experienced. Without exception, a lack of primary trauma awareness and trauma-informed approaches, and to some extent secondary trauma awareness, was cited as a crucial underpinning of intergroup conflict between adopters and teachers, from which adopters believed the difference in perspectives and competition for resources stemmed (Jehn & Mannix, 2001; Rahim, 2011). The lack of comprehensive understanding of the impact of trauma and adverse childhood experiences on children, and consequently the challenges adopters faced in caring and advocating for their children, proved a contentious issue repeatedly for adoptive parents. Furthermore, the inequality of support provision for children with SEND compared to children with trauma-related needs further compounded tensions.

In the family home, adopters encountered aggression from their children, sometimes verbal, sometimes physical, which placed additional strain on interpersonal family relationships. Adopters felt that inadequate pre-adoption training and a lack of open dialogue around the potential challenges adopters could face left them ill-prepared to manage familial conflict, thus fueling further tensions with adoption professionals.

All forms of conflict impacted negatively on adopters' wellbeing and further compounded the mental health challenges adopters faced. In the short-term, conflict with professional services triggered feelings of frustration and anger. Interestingly, the profound empathy adopters had for their children meant that for conflict within the family home, feelings of frustration were directed towards a perceived lack of training and support from professional services, not towards their children. Adopters felt misled, disappointed, and let down by health, social care, and educational systems. Prolonged or recurrent conflict among our participants triggered greater emotional responses including anxiety, stress, sleep deprivation, exhaustion, hopelessness, burnout, and even despair.

### Conflict Resolution

An enhanced understanding of trauma and the impact of trauma, on both those experiencing it and those around them, was expressed by participants as the starting point of 'good' service provision. Through greater understanding and thus awareness of the challenges adopters face, professional services, both within and external to the adoption system, may adopt a more empathetic and compassionate approach to adopters, leading to actions that better address their unique support needs, including: their perspectives being heard; professionals working in collaboration with adopters and providing more appropriate training to best support their children; and support for adopters so that they are better equipped to care for their children. Crucially, findings demonstrate that this can be achieved through a three-step process, comprising Awareness, Understanding, and Prosocial Behaviors as demonstrated in Fig. 1.

The study proposes that an empathetic and compassionate approach towards adopters that encourages prosocial behaviors is critical to resolve conflict and ensure adopters are supported and equipped to care for their children. Based on our findings, the proposed conflict management model

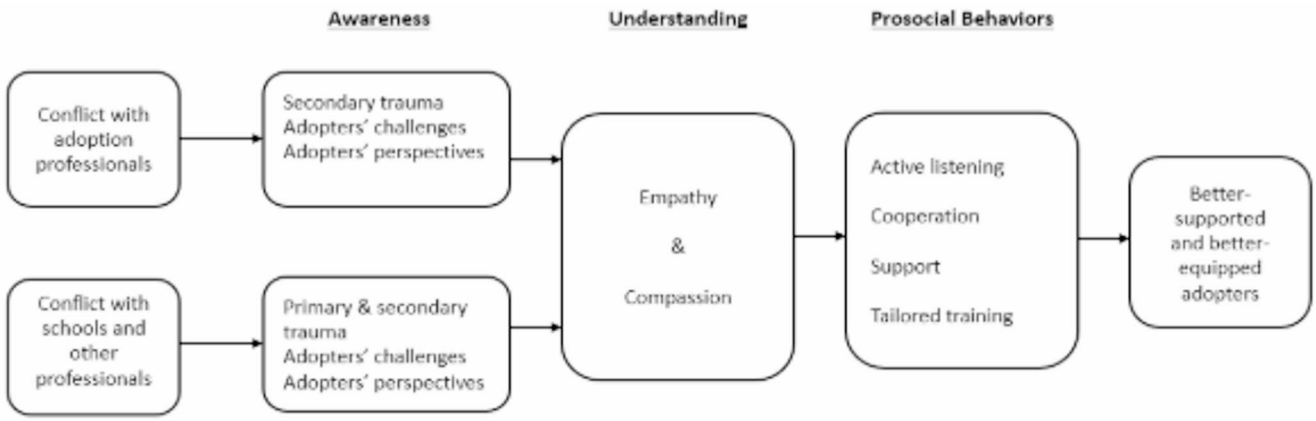



**Fig. 1** Adopters Conflict Management Model

(Fig. 1) outlines a three-step approach, comprising: Awareness, Understanding, and Prosocial Behaviors. Within the model, awareness and understanding underpin the development of empathy and compassion, which in turn drive prosocial behaviors. Each stage in the model reflects distinct psychological and behavioral mechanisms, with Awareness corresponding to the recognition and appraisal of primary and secondary trauma; Understanding corresponding to perspective-taking (empathy) and cognitive–affective processing (empathy as a driver of compassion); and Prosocial Behaviors corresponding to action-oriented responses that seek to address adopters' needs (Bruneau & Saxe, 2012; Kinman & Grant, 2020; Klimecki, 2019; Klimecki & Singer, 2013). Within this process, empathy operates primarily at the level of understanding as a result of awareness through emotional resonance and perspective-taking, while compassion is underpinned by understanding, which is then enacted at the level of prosocial behaviors through actions intended to alleviate distress and support adopters (Goetz et al., 2010; Pang et al., 2022; Strauss et al., 2016).

At the level of Awareness, teachers, social workers, and healthcare professionals must recognize the prevalence of early-life trauma and its ongoing impact on children through primary trauma and on adopters in the form of secondary trauma, requiring that adopters' perspectives and challenges are brought to the fore and acknowledged so that the process of understanding may begin. At the level of Understanding, this requires engagement with adopters' perspectives, including the challenges associated with navigating services and advocating for support, to provide the foundations for cultivating empathy and compassion. At the level of Prosocial Behaviors, stakeholders are required to enact empathy and compassion through active listening, cooperation and collaborative decision making, and responsive support including tailored training for adopters, thereby facilitating more constructive interactions and reducing the potential for conflict.

This paper adds to an emerging body of evidence on conflict in the adoption system, and to the best of our knowledge, is the first to focus explicitly on different sources of conflict, the impact on adopters' mental health, and importantly, the role of empathy and compassion in conflict resolution in this domain. In support of findings from Adoption (2024), we demonstrate that attempting to access support for their children is a continuous source of conflict for adopters. This paper contributes to a growing interest in child-to-parent aggression within adoptive families and the strain adoption places on interpersonal relationships in the family unit (Agius et al., 2023; Duncan et al., 2024; Roskam & Mikolajczak, 2023; Tremblay & Pagé, 2024), extending these findings by identifying additional sources of conflict experienced by adopters beyond the family home. Our study provides evidence of the various forms of child-to-parent aggression, the age range of the children involved, and the consequences on the wider family beyond the child-parent dyad. This paper complements the quantitative findings of Duncan et al. (2024) who call for qualitative evidence of potential sources of traumatic stress for adopters, distinct from those for healthcare professionals and foster carers, which this study directly addresses. Further, this paper responds to Goodwin et al.'s (2025) call for further research into the experiences of post-adoptive families and their support needs.

Moreover, the conflict management model developed through our findings supports exiting literature, proposing that empathy and compassion are key conflict management mechanisms (Bruneau & Saxe, 2012; Kinman & Grant, 2020; Klimecki, 2019; Klimecki & Singer, 2013). Importantly, our findings extend this by providing insight into the proposed role of empathy and compassion in conflict management and resolution in the under-explored context of adoption services and adopters' mental health. Furthermore, our study provides greater insight into potential conflict resolution from the perspectives of adopters, a seldom-heard

group whose experiences and views on how conflict may be managed and mitigated have not yet been fully explored. In support of Klimecki's (2019) call for further insight into the role of empathy, compassion, and training in conflict resolution, our study suggests that the understanding required to cultivate empathy that will foster compassion towards adopters' needs may be developed through education, including greater awareness of both primary and secondary trauma and exposure to adopters' challenges and perspectives. Our findings evidence the presence of conflict and the emotional response to conflict that adopters experience and by highlighting the needs of adopters in their own words, our findings may pave the way for greater compassion towards adopters, from both within and beyond the adoption community.

Our proposed model can be situated within existing conflict-management and relational frameworks, which identify emotional regulation, trust-building, and cooperative engagement as key mechanisms underpinning conflict resolution (Halperin, 2014). Consistent with literature demonstrating that empathy and compassion can be cultivated through social interaction, education, and exposure to diverse perspectives (Bruneau & Saxe, 2012; Kinman & Grant, 2020; Klimecki, 2019; Klimecki & Singer, 2013), our findings suggest that these mechanisms are both appropriate and necessary for conflict prevention and resolution in adoption contexts. By examining sources of conflict within the home and across professional systems, alongside adopters limited experiences of receiving empathy and compassion, we extend this literature by demonstrating how, in the adoption context, these may be cultivated through trauma-informed approaches, including education on primary and secondary trauma, which raises awareness of adopters' challenges and exposure to their perspectives. In so doing, we specify how these processes operate within adoption contexts and how they may support improved understanding, trust-building, and collaborative engagement.

From a practice and policy perspective, comparable to Ottaway and Selwyn's (2016) findings in the foster care context, adopters in this study cite an empathetic approach and active listening as key factors of conflict resolution in the adoption domain. Through actively listening to adopters and understanding their needs, professional services may redress power imbalances and implement a more collaborative approach. As proposed by Leake et al. (2019), adoptive parents who are actively involved in their child's care team experience less stress. Our model emphasizes that adopters should be listened to and included as key stakeholders in the adoption process, both pre- and post-adoption, rather than considered simply as a resource. Importantly, as conflict is multi-faceted and present across the entire adoption journey, active listening, open communication, and inclusion in decision making are vital to instill empathy and drive compassion from the outset.

Our model further proposes that raising awareness of primary trauma, and the impact of secondary trauma on caregivers, is key to cultivating empathy and compassion to resolve conflict between adopters and education providers. Integrating trauma-informed approaches into professional training programs improves education service delivery through fostering a culture of empathy and compassion (Koslouski, 2022; Parker et al., 2019). Extending such training to incorporate the impact of secondary trauma on adopters may act as a mechanism to resolve conflict, through the development of prosocial behaviors and forging more collaborative relationships. A collaborative approach, where schools actively listen to and liaise with adopters, may help address children's needs and strengthen education support systems. The positive effects of trauma-informed and adoption-competent child welfare services in mitigating stress that adopters report when advocating for their children has been demonstrated by Leake et al. (2019), who call for such competencies to be included in formal training programs across the entire 'child-serving workforce'. Our research supports this call through demonstrating the need for greater trauma awareness training in education providers.

There is growing support for increased trauma awareness in other public services, particularly in social services and healthcare (Sweeney & Taggart, 2018), and our study supports this. From the perspective of social worker wellbeing, Bent-Godley (2019) highlights the importance of 'caring for the helper' and the need for a better understanding and identification of secondary trauma, calling for a systemic and organizational response to better support practitioners exposed to the traumatic stories of others. Our findings provide further evidence of the need for such support for adopters. Those in power may consider how such a response may also incorporate the needs of adopters with secondary trauma, who are exposed to their children's traumatic life stories (and their consequences) daily, and who face conflict when accessing support. Equally, greater transparency regarding post-adoption support provision, including consistency and accessibility of services, may build trust and reduce the need for adopters to engage in ongoing conflict when seeking support, for example through clearer guidance on support pathways or service limitations. These findings highlight the need for trauma-informed content to be more explicitly embedded within teacher training and social work curricula, for example through dedicated modules and continuing professional development, to support greater understanding of adopters' experiences. Furthermore, consideration should also be given to how resources are allocated in relation to SEND and trauma-informed provision, ensuring that services are responsive to the complex and

often intersecting needs of adoptive families, including alignment across education, health, and social care services.

For conflict resolution within the family home, enhanced access to support for children is crucial. Accessing appropriate support when needed, and adopters feeling better equipped to support their children, reduces both the burden on parents and the potential for conflict in the home. Appropriate training tailored to the needs of adopters, during both pre- and post-adoption, may lead to better-equipped and better-supported adopters able to manage or even mitigate conflict in the home, improving outcomes for all (Gerdes & Segal, 2011). Furthermore, as relationship strain between adopters places additional burden on the family dynamic, policymakers may consider making therapeutic support available to adopters to support their own relationships and provide a more stable home environment for their children.

However, the cost of developing empathetic and compassionate approaches must be considered. Greater financial investment in mental health support for adopters could reduce stress and burnout. Research demonstrates that unaddressed caregiver stress can lead to long-term physical and mental health issues, placing additional strain on healthcare systems (Schulz & Sherwood, 2008). In the context of adoption, the cost of providing tailored support must be considered against the potential cost of children returning to the care system as a result of adopters' mental strain and ill health. Moreover, the presence of conflict early in the adoption journey must be considered against the potential impact on the placement stability and post-adoption support.

### Limitations and Areas for Future Research

It is important to reiterate that adopters' mental health is multifaceted, comprising biological and psychological dimensions. The role of interpersonal, systemic, and structural factors, and resulting experiences of conflict, provide an insight into compounding factors that exacerbate adopters' mental health, but more work is needed to determine other contributory factors, so that more tailored support may be provided. This paper highlights the presence of child-to-parent aggression, including violence from children as young as pre-school age. Current research, and accordingly support provision, focusses on aggression in adolescent children. However, our findings suggest further research is needed to examine the prevalence of child-to-parent aggression in younger children to provide the evidence base required to inform future policy and practice on the extension of support provision to parents of younger children. This is particularly important as such behaviors in childhood and adolescence are considered a risk factor for violence and criminal behaviour in adulthood (Ibabe et al., 2021). Finally, this paper addresses the role of conflict and resolution strategies from the perspective of adopters. Future empirical work to understand the structural, contextual, and cultural factors that may contribute to limit empathy towards adopters from a range of other adoption stakeholder perspectives is required to further understand the role of conflict and mechanisms for successful management and resolution.

## Conclusion

The purpose of the paper was to understand the experiences of conflict faced by adopters in the UK adoption system, understand the role of conflict in adopters' mental health, and the needs of adopters to address conflict, in their own words. This study has demonstrated the presence of multiple sources of conflict faced by adopters, many of whom encounter conflict on a daily basis. This study raises awareness and improves knowledge and understanding of the role of conflict on adopters' mental health, further exacerbating existing challenges, and provides insights into adopters' views on mechanisms they feel would help manage, resolve, and even mitigate conflict, through a three-step process, comprising: Awareness, Understanding, and Prosocial Behaviors. This is the first known study to highlight differing forms of conflict experienced by adopters as part of the UK adoption experience, and the first known study to report adopters' views on how conflict may be addressed. By analyzing the challenges adopters face through the lens of conflict, policymakers, agencies, and educators may better understand how power imbalances and structural inequalities may serve as barriers to accessing support and adversely impact parent and child wellbeing, and may inform the development of more systemic solutions.

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**Data Availability** The data that support the findings of this study are not openly available. The participants of this study did not give written consent for their data to be shared publicly, and due to the sensitive nature of the research and to protect study participant privacy

supporting data is not available.

## Declarations

**Ethics Approval** This study was performed in line with the principles of the Declaration of Helsinki. Approval was granted by the Lancaster University Research Ethics Committee (approval number: FHM-2023-3859-RECR-10r).

**Consent to Participate** Informed consent was obtained from all individual participants included in the study.

**Competing Interests** The authors declare that they have no competing interests.

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